

REMARKS/ARGUMENTS

Claims 45-50 were pending in this application.

Claim 47 was objected to by the Examiner as having insufficient antecedent basis for the limitation "wherein a medical care facility ..." in lines 1-2. The antecedent basis for "a medical care facility" can be found on page 8, line 31 through page 9, line 3" of the original specification.

Claims 45-50 stand rejected under 35 U.S.C. 103 as being unpatentable over Shimazu et al. US 2002/0015018 in view of Eggers et al. US 2002/0169636. Applicants respectfully traverse this rejection for the reasons that follow.

Claim 45 has been amended to include the limitations of claims 46 and 47. Claims 46 and 47 have been cancelled without prejudice. The amendments are supported by original claims 19-30, as well as pages 8, 9, 14, and 39-41 of the original specification. Claim 45 has been amended to recite that the screen brightness settings supplied by the medication management unit to the pump are customized by the medical care facility. This allows the medical care facilities such as hospitals take into account their own preferences and lighting situations to set the medical pump screen brightness levels and pump behavior regarding brightness levels differently for different clinical care areas of the hospital. For example, a pump in a neo-natal or pediatric clinical care area can be automatically set to have different brightness levels and behavior than a pump in an emergency room or adult intensive care unit (ICU) clinical care area.

As amended, claim 45 is believed to be patentably distinct from Shimazu et al. US2002/0015018, Eggers et al. US 2002/0169636 and the prior art of record. None of the prior art shows or suggests that medical care facility users

of the medical pumps can customize the screen brightness setting levels that are communicated by a medication management unit to a medical pump.

Shimazu et al. merely disclose that the manufacturer has pre-established certain screen brightness levels and behavior in a construction machinery control device. A manual control switch 23 is provided on the screen of the control device itself and an optical sensor is disclosed to switch between manufacturer established brightness settings. However, Shimazu et al. do not disclose a medication management unit or customization by the user of medical pump screen brightness setting levels through such a medication management unit.

Eggers et al. US 2002/0169636 discloses a system and method for managing patient care in FIG. 1. The system includes a patient care device 12 connected to a hospital network 10 including a pharmacy management system 34 and a hospital information system server 30 (paragraph 0022). The patient care device 12 has a user interface device 54 that can be a touch screen for displaying information to a user (paragraph 0024). The patient care device 12 is capable of operating in several different modes, or personalities (paragraph 0030). A particular configuration database is selected based, at least in part, by patient-specific information such as patient location, age, physical characteristics or medical characteristics. The medical characteristics may include treatment prescription and patient care provider identification. As disclosed in paragraph 0033, each configuration database includes treatment protocols, device features and possibly other information for defining particular operating parameters for patient care device 12. Some of the "device features" are defined in paragraph 0043 as being enabled or disabled in a

particular configuration database. The examples disclosed are simple primary infusion for hydration, keep vein open infusion, drug calc, primary/secondary, delayed start, multi dose, total parental nutrition, multi step, and multi-channel coordinated infusion. Paragraphs 0040-0042 describe various operating characteristics or modes of a pump that can be defined in a particular configuration database. No mention is made of screen brightness, and particularly not with respect to time of day or location of the device.

Absent the impermissible use of hindsight in view of the present invention, one skilled in the art of medical pumps would not look to the non-analogous art of control displays in outdoor construction machinery for teaching about user configurable daytime and nighttime displays on medical pumps, which are typically used indoors. Even if the combination is made as suggested by the Examiner, the present invention is not the result because Shimazu et al. teach that the brightness selection should be made at the control device itself manually or automatically, but always manufacturer-controlled. Thus, Shimazu et al. actually teach away from medical care facility customization through separate medication management unit like the server of Eggers et al.

Shimazu et al., Eggers et al. and the other prior art references fail to disclose or suggest that the pump screen brightness settings are 1) user customizable through a separate medication management unit in communication with the pump; and 2) provided and automatically selected based upon time of day (daytime/nighttime), as recited in amended claim 45. Thus, claim 45 is believed to be patentable over the prior art.

Claims 48-50 depend from claim 45 and at least derive their patentability therefrom.

Applicants submit herewith a Petition for Extension of Time by three (3) months, which includes an authorization to pay the appropriate fee by deposit account.


This application originally had 30 total claims, 10 of which were independent. The application now has six total claims, one of which is independent. Therefore, no additional fees or extensions of time are believed to be due in connection with this amendment. However, the Commissioner is authorized to charge Deposit Account 50-3118 for any additional fees (or credit any over payments) that may be required in association with this communication.

Applicants respectfully request favorable consideration of the claims in this application and issuance of a timely Notice of Allowance.

Respectfully submitted,
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